

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street)

800 Tenth Street, NW

Two CityCenter, Suite 400

☐ Check if different than previously reported. (ACC)

Washington

DC

20001-4956

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2015

through

M M M / D D D / Y Y Y Y Y Y
09 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
11 19 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 09 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		1653206.80
(b) Cash on Hand at Beginning of Reporting Period.....	2664101.69	
(c) Total Receipts (from Line 19)	214831.43	1799255.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2878933.12	3452462.38
7. Total Disbursements (from Line 31)	88131.99	661661.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2790801.13	2790801.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09		01		2015

To:

M M	/	D D	/	Y Y Y Y
09		30		2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

122571.20

738157.41

(ii) Unitemized

51885.14

257525.14

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

174456.34

995682.55

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

174456.34

1000682.55

12. Transfers From Affiliated/Other

Party Committees.....

40150.00

539400.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

256999.36

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

525.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

225.09

1648.67

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

214831.43

1799255.58

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ►

214831.43

1799255.58

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	356.99	4992.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	356.99	4992.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	87750.00	656243.52
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	25.00	425.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	25.00	425.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	88131.99	661661.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	88131.99	661661.25

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	174456.34	1000682.55
34. Total Contribution Refunds (from Line 28(d))	25.00	425.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	174431.34	1000257.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	356.99	4992.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	256999.36
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	356.99	-252006.63

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dennis P King

Mailing Address 123 Andover Road

City

Westbrook

State

ME

Zip Code

04092-3850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spring Harbor Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2015

Transaction ID : 22679812

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr Bob Albee

Mailing Address 622 Brookline Rd

City

Townshend

State

VT

Zip Code

05353-9680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grace Cottage Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22688354

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Cynthia McGuire

Mailing Address 452 Old Street Road

City

Peterborough

State

NH

Zip Code

03458-1263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Monadnock Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : 22688383

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kathy A. Bizarro FACHE

Mailing Address 544 Upper Straw Rd

City

Hopkinton

State

NH

Zip Code

03229-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.75

Date of Receipt

09 / 09 / 2015

Transaction ID : 22688384

Amount of Each Receipt this Period

22.75

Full Name (Last, First, Middle Initial)

B. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

773.50

Date of Receipt

09 / 09 / 2015

Transaction ID : 22688385

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

C. Ms. Paula Minnehan

Mailing Address 283 Gallopin Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.90

Date of Receipt

09 / 09 / 2015

Transaction ID : 22688386

Amount of Each Receipt this Period

16.70

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

84.95

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Trasee Whitaker SPHR

Mailing Address 7607 Willow Bend Drive

City

Crestwood

State

KY

Zip Code

40014-9696

FEC ID number of contributing
federal political committee.

C

Name of Employer

Masonic Homes of Kentucky, Inc.

Occupation

Senior Vice President of Human Resourc

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

Transaction ID : 22688524

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Chad R. Austin

Mailing Address 6518 SW 26th Court

City

Topeka

State

KS

Zip Code

66614-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Sr. Vice President, Government Relatio

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : 22689015

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Mr. Greg Lundstrom

Mailing Address 605 West Lincoln Street

City

Lindsborg

State

KS

Zip Code

67456-2328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Director of Hospital Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : 22689024

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

438.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eugene W Meyer

Mailing Address 26342 W. 110th Terr.

City State Zip Code
 Olathe KS 66061-8413

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Lawrence Memorial Hospital President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 03 2015

Transaction ID : 22689026

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Scott J Taylor

Mailing Address 401 East Spruce Street

City State Zip Code
 Garden City KS 67846-5679

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 St. Catherine Hospital President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 03 2015

Transaction ID : 22689032

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Bradley Chambers

Mailing Address 1512 Applecroft Lane

City State Zip Code
 Cockeysville MD 21030-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 MedStar Union Memorial Hospital President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 04 2015

Transaction ID : 22689045

Amount of Each Receipt this Period

340.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

890.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Terry Forde

Mailing Address 17017 Clear Creek Drive

City

Silver Spring

State

MD

Zip Code

20905-5143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adventist HealthCare

Occupation

Interim President and Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : 22689050

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Mr. Francis X. Knott

Mailing Address PO Box 315

City

Forest Hill

State

MD

Zip Code

21050-0315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : 22689062

Amount of Each Receipt this Period

187.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark S Rulle

Mailing Address 8313 Telegraph Road, Unit 360

City

Odenton

State

MD

Zip Code

21113-1363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

President, Maryland Healthcare Educati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : 22689075

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ►

697.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Charles Scheeler

Mailing Address 704 Stone Barn Court

City	State	Zip Code
Towson	MD	21286-1416

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
Johns Hopkins Bayview Medical Center	Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : 22689077

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard G Bennett M.D.

Mailing Address 1000 Poplar Hill Road

City	State	Zip Code
Baltimore	MD	21210-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
Johns Hopkins Bayview Medical Center	President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : 22689088

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

C. Ms. Joanne E Pollak JD

Mailing Address 1 E. Highfield Road

City	State	Zip Code
Baltimore	MD	21218-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
Johns Hopkins Hospital	Vice President and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : 22689114

Amount of Each Receipt this Period

510.00

SUBTOTAL of Receipts This Page (optional)..... ►

1530.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Judy A Reitz SCD

Mailing Address 13005 Jerome Jay Drive

City

Cockeysville

State

MD

Zip Code

21030-1523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Hospital

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : 22689116

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Dr. John Perry MD

Mailing Address 1200 W. Cherokee Street

City

Wagoner

State

OK

Zip Code

74467-4624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wagoner Community Hospital

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2015

Transaction ID : 22689287

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Baldosaro

Mailing Address 22 Hillard Way

City

Sewell

State

NJ

Zip Code

08080-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inspira Health Network

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : 22689292

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

732.50

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Arthur J. Boote

Mailing Address 2490 London Lane

City

Vineland

State

NJ

Zip Code

08361-7740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inspira Health Network

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

09 / 04 / 2015

Transaction ID : 22689295

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Mr. Joseph P Coyle

Mailing Address 46 Cypress Lane

City

West Creek

State

NJ

Zip Code

08092-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meridian Health

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

09 / 04 / 2015

Transaction ID : 22689302

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

C. Mr. David Dafilou

Mailing Address 11 Baker Way

City

Pennington

State

NJ

Zip Code

08534-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Health

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 04 / 2015

Transaction ID : 22689303

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1235.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John A DiAngelo

Mailing Address 105 Pancrest Place

City

Mullica Hill

State

NJ

Zip Code

08062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inspira Health Network

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

09 / 04 / 2015

Transaction ID : 22689307

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.10

Date of Receipt

09 / 04 / 2015

Transaction ID : 22689309

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

C. Mr. Neil Eicher

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Deputy Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

09 / 04 / 2015

Transaction ID : 22689310

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

663.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Guerriero

Mailing Address 760 Alexander Road

City
Princeton

State
NJ

Zip Code
08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.55

Date of Receipt

MM / DD / YYYY
09 / 04 / 2015

Transaction ID : 22689314

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City
New Hope

State
PA

Zip Code
18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.85

Date of Receipt

MM / DD / YYYY
09 / 04 / 2015

Transaction ID : 22689316

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

C. Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City
Malvern

State
PA

Zip Code
19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.60

Date of Receipt

MM / DD / YYYY
09 / 04 / 2015

Transaction ID : 22689322

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

19.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Roger D. Sarao Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : 22689328

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Mr. John Slotman

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

399.09

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : 22689329

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

C. Ms. Arlene Walsh

Mailing Address 10 Stratton Drive

City

Hamilton

State

NJ

Zip Code

08690-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Health

Occupation

Director Maternal and Child Health

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : 22689335

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)..... ►

273.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Diane Patterson

Mailing Address 719 Beacon Avenue

City State Zip Code
 Yakima WA 98901-1577

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Yakima Valley Memorial Hospital

Occupation
 Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : 22689422

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Timothy Reed

Mailing Address 102 A Fletcher Lane

City State Zip Code
 Zillah WA 98953-9540

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Yakima Valley Memorial Hospital

Occupation
 Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : 22689423

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Tom Evert

Mailing Address 17720 154th Court NE

City State Zip Code
 Woodinville WA 98072-9224

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Washington State Hospital Association

Occupation
 Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : 22689424

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Russ Myers

Mailing Address 2811 Tieton Drive

City State Zip Code
 Yakima WA 98902-3761

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Yakima Valley Memorial Hospital

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : 22689425

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael T Baxter

Mailing Address 400 West 16th Street

City State Zip Code
 Pueblo CO 81003-2781

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Parkview Medical Center

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015

Transaction ID : 22690020

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Marilyn Schock

Mailing Address 1801 16th Street

City State Zip Code
 Greeley CO 80631-5154

FEC ID number of contributing
federal political committee.

C

Name of Employer
 McKee Medical Center

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015

Transaction ID : 22690025

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Grant Wicklund

Mailing Address 8300 West 38th Avenue

City	State	Zip Code
Wheat Ridge	CO	80033-6005

FEC ID number of contributing federal political committee.

C

Name of Employer

Lutheran Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690342

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Bradley Beard

Mailing Address 6401 France Avenue South

City	State	Zip Code
Edina	MN	55435-2104

FEC ID number of contributing federal political committee.

C

Name of Employer

Fairview Southdale Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : 22690430

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Mr. Patrick Belland

Mailing Address 201 East Nicollet Boulevard

City	State	Zip Code
Burnsville	MN	55337-5714

FEC ID number of contributing federal political committee.

C

Name of Employer

Fairview Ridges Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : 22690431

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

370.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Craig J Broman MHA, FACHE

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Cloud Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 03 / 2015

Transaction ID : 22690433

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Mr. John W Herman

Mailing Address 911 Northland Drive

City

Princeton

State

MN

Zip Code

55371-2172

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairview Northland Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

09 / 03 / 2015

Transaction ID : 22690437

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Mr. Lawrence J Massa

Mailing Address 2550 University Avenue West, Suite

City

Saint Paul

State

MN

Zip Code

55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1490.00

Date of Receipt

09 / 03 / 2015

Transaction ID : 22690440

Amount of Each Receipt this Period

60.00

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TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dennis C Miley

Mailing Address 200 West 1st Street

City

Paynesville

State

MN

Zip Code

56362-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer

CentraCare Health-Paynesville

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2015

Transaction ID : 22690441

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Mr. Ben Peltier

Mailing Address 2550 University Avenue W.
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Legal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.11

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2015

Transaction ID : 22690443

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Mr. John H Solheim

Mailing Address 320 East Main Street

City

Crosby

State

MN

Zip Code

56441-1645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cuyuna Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2015

Transaction ID : 22690444

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Larry A Schulz

Mailing Address P O Box 728

City

Fergus Falls

State

MN

Zip Code

56538-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Region Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 03 / 2015

Transaction ID : 22690445

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark Sonneborn

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President of Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.99

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 03 / 2015

Transaction ID : 22690446

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Mr. Randy Ulseth

Mailing Address 301 South Highway 65 South

City

Mora

State

MN

Zip Code

55051-1899

FEC ID number of contributing
federal political committee.

C

Name of Employer

FirstLight Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 03 / 2015

Transaction ID : 22690448

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

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80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Edgar J Curtis FACHE

Mailing Address 701 North First Street

City

Springfield

State

IL

Zip Code

62781-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690737

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Mr. Patrick Gallagher

Mailing Address P O Box 3015

City

Naperville

State

IL

Zip Code

60566-7015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

VP, Health Delivery and Payment System

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690738

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr. John Bomher

Mailing Address 1151 E. Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior Vice President, Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690739

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

2750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 165

(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Charles D Callahan PhD

Mailing Address 3100 Markwood Lane

City

Springfield

State

IL

Zip Code

62712-8950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Health System

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690740

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Marsha A Prater PhD, RN

Mailing Address 201 Timberridge Drive

City

Springfield

State

IL

Zip Code

62702-6601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Health System

Occupation

Senior Vice President and Chief Nursin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690741

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mr. Kevin R. England

Mailing Address 1800 Grist Mill Drive

City

Springfield

State

IL

Zip Code

62711-8113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Health System

Occupation

Vice President, Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690743

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 165
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Edwin A Gast

Mailing Address P O Box 192

City

Du Quoin

State

IL

Zip Code

62832-0192

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marshall Browning Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690744

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Isaacs

Mailing Address 1407 Linden Avenue

City

Deerfield

State

IL

Zip Code

60015-2137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vista Medical Center East

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690745

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott Kiriakos

Mailing Address 701 North First Street

City

Springfield

State

IL

Zip Code

62781-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Health System

Occupation

Vice President Clinical Integration

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690746

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 165
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Anna N Evans JD

Mailing Address 701 North First Street

City

Springfield

State

IL

Zip Code

62781-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Health System

Occupation

General Counsel and Vice President Int

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : 22690747

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert W Kay

Mailing Address 166 Maple Grove

City

Springfield

State

IL

Zip Code

62712-9567

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Health System

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : 22690748

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jack Dusenbery FACHE

Mailing Address 3421 West Ninth Street

City

Waterloo

State

IA

Zip Code

50702-5499

FEC ID number of contributing
federal political committee.

C

Name of Employer

Covenant Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : 22690815

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Scott A Curtis

Mailing Address 1515 South Phillips Street

City	State	Zip Code
Algona	IA	50511-3649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kossuth Regional Health Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690816

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael A Romano MD

Mailing Address P O Box 2C

City	State	Zip Code
Council Bluffs	IA	51502-3002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Jennie Edmundson Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690817

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Ms. Diane Fischels

Mailing Address 1791 Springview Dr.

City	State	Zip Code
Mason City	IA	50401-4759

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Medical Center-North Iowa

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690818

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1125.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Lon D Butikofer RN, PhD

Mailing Address P O Box 359

City

Manchester

State

IA

Zip Code

52057-0359

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2015

Transaction ID : 22690819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Sandra L. McIntosh RN, MA, CN

Mailing Address 1208 Woodland Dr. SE

City

Cedar Rapids

State

IA

Zip Code

52403-9076

FEC ID number of contributing
federal political committee.

C

Name of Employer

UnityPoint Health - St. Luke's Hospita

Occupation

Director, Emergency Medical/Surgical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2015

Transaction ID : 22690842

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Danielle Hamann

Mailing Address 3900 West Avera Drive

City

Sioux Falls

State

SD

Zip Code

57108-5717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Public Policy Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.50

Date of Receipt

09 / 09 / 2015

Transaction ID : 22690843

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert D Kroese FACHE

Mailing Address 404 Jefferson Street

City

Pella

State

IA

Zip Code

50219-1257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pella Regional Health Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690845

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Daniel Varnum

Mailing Address 1000 Fourth Street SW

City

Mason City

State

IA

Zip Code

50401-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Medical Center-North Iowa

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690846

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James FitzpatrickMailing Address 1111 6th Ave
Ste 201

City

Des Moines

State

IA

Zip Code

50314-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Health Network - Central Iowa

Occupation

Senior Vice President Network Svcs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690850

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 165

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Timothy L Charles

Mailing Address 701 Tenth Street SE

City

Cedar Rapids

State

IA

Zip Code

52403-1251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Medical Center-Cedar Rapids

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 09 / 2015

Transaction ID : 22690851

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Brian Dieter

Mailing Address 1111 Duff Avenue

City

Ames

State

IA

Zip Code

50010-5745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Greeley Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2015

Transaction ID : 22690852

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Mike Dewerff

Mailing Address 1000 North 15th Street

City

Humboldt

State

IA

Zip Code

50548-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer

UnityPoint Health - Trinity Regional M

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2015

Transaction ID : 22690853

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Michelle Niermann

Mailing Address P O Box 3026

City

Cedar Rapids

State

IA

Zip Code

52406-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer

UnityPoint Health - St. Luke's Hospita

Occupation

Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690854

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Carol E. Twedt

Mailing Address 4344 Pine Ridge Trail NE

City

Iowa City

State

IA

Zip Code

52240-7830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Iowa City

Occupation

Director, Clinical Information Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690857

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Lynn Wold

Mailing Address 2720 Stone Park Boulevard

City

Sioux City

State

IA

Zip Code

51104-3734

FEC ID number of contributing
federal political committee.

C

Name of Employer

UnityPoint Health - St. Luke's

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690873

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Kathy Merrill

Mailing Address 3201 First Street

City

Emmetsburg

State

IA

Zip Code

50536-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palo Alto County Health System

Occupation

Director Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690874

Amount of Each Receipt this Period

304.38

Full Name (Last, First, Middle Initial)

B. Ms. Donna HubbellMailing Address 933 E Pierce St
#2C

City

Council Bluffs

State

IA

Zip Code

51503-4626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Jennie Edmundson Hospital

Occupation

Vice President Quality & Patient Safet

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690875

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jason Harrington FACHE

Mailing Address P O Box AB

City

Spirit Lake

State

IA

Zip Code

51360-0159

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakes Regional Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22690876

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

804.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Francis G Tramp

Mailing Address 1600 Diamond Street

City

Onawa

State

IA

Zip Code

51040-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Burgess Health Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 09 / 2015

Transaction ID : 22690879

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert P Steigmeyer

Mailing Address 250 Pleasant Street

City

Concord

State

NH

Zip Code

03301-7539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Concord Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 15 / 2015

Transaction ID : 22690983

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City

Columbia

State

MO

Zip Code

65203-9017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.28

Date of Receipt

09 / 04 / 2015

Transaction ID : 22691253

Amount of Each Receipt this Period

46.88

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

921.88

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Herb B Kuhn

Mailing Address P O Box 60

City State Zip Code
 Jefferson City MO 65102-0060

FEC ID number of contributing federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : 22691261

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City State Zip Code
 Jefferson City MO 65109-9782

FEC ID number of contributing federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : 22691262

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Ms. Mary Jane Krebs APRN, BC

Mailing Address 123 Andover Road

City State Zip Code
 Westbrook ME 04092-3848

FEC ID number of contributing federal political committee.

C

Name of Employer

Spring Harbor Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : 22691474

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. John M Murphy MD

Mailing Address 34 Maple Street

City

Norwalk

State

CT

Zip Code

06850-3815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Norwalk Hospital

Occupation

President and Chief Executive Officer,

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : 22691477

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Paula F Baker

Mailing Address 3820 Old Orchard Road

City

Joplin

State

MO

Zip Code

64804-8008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Freeman Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : 22691483

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. John M Dawes FACHE

Mailing Address 1505 West 3rd

City

Sedalia

State

MO

Zip Code

65301-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bothwell Regional Health Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : 22691489

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Curtis A. Kretzinger

Mailing Address 12065 Nicklaus Court

City

Saint Joseph

State

MO

Zip Code

64505-8583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mosaic Life Care at St. Joseph

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : 22691497

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark Laney

Mailing Address 4608 Woodfield Drive

City

Saint Joseph

State

MO

Zip Code

64506-3488

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mosaic Life Care at St. Joseph

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : 22691498

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. William K Mahoney

Mailing Address 150 Barnes Lane

City

Branson

State

MO

Zip Code

65616-6226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cox Medical Center Branson

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : 22691499

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

975.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Rajiv N. Patel

Mailing Address 1688 Frontenac Woods Lane

City State Zip Code
 Frontenac MO 63131-3414

FEC ID number of contributing
federal political committee.

C

Name of Employer
SSM DePaul Health Center

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 11 / 2015

Transaction ID : 22691505

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

B. Dr. John B Chessare MD, MPH, F

Mailing Address 5601 Waycrest Lane

City State Zip Code
 Baltimore MD 21210-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Baltimore Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 15 / 2015

Transaction ID : 22691527

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

C. Patrick F. Garrett M.D.

Mailing Address 12713 High Meadow Road

City State Zip Code
 North Potomac MD 20878-3794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist HealthCare

Occupation
SVP Physician Strategies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 15 / 2015

Transaction ID : 22691532

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ►

960.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dean Teague

Mailing Address 8240 Copperleaf Court

City	State	Zip Code
Owings	MD	20736-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Calvert Memorial Hospital

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : 22691549

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

B. Ms. Sheila Currans

Mailing Address 1210 KY Highway 36E

City	State	Zip Code
Cynthiana	KY	41031-7498

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harrison Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : 22691553

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Edward NairnMailing Address Highlands Regional Med Ctr
Box 668

City	State	Zip Code
Prestonburg	KY	41653-0668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Highlands Regional Medical Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : 22691559

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1310.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jack Blackwell

Mailing Address 2201 Forest Ave

City State Zip Code
 Ashland KY 41101-3728

FEC ID number of contributing federal political committee.

C

Name of Employer
 Highlands Regional Medical Center

Occupation
 Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : 22691560

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr Alan Coppock

Mailing Address 1 Trillium Way

City State Zip Code
 Corbin KY 40701-8727

FEC ID number of contributing federal political committee.

C

Name of Employer
 Baptist Health Corbin

Occupation
 President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : 22691561

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mr. Harold C Warman Jr FACHE

Mailing Address P O Box 668

City State Zip Code
 Prestonsburg KY 41653-0668

FEC ID number of contributing federal political committee.

C

Name of Employer
 Highlands Regional Medical Center

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : 22691562

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Beck

Mailing Address 2932 Lancaster Court

City

Williamsburg

State

VA

Zip Code

23185-8411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Williamsburg Regional Medical

Occupation

Director of Surgical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 14 / 2015

Transaction ID : 22693142

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Debra A Flores

Mailing Address 3000 Coliseum Drive

City

Hampton

State

VA

Zip Code

23666-5963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara CarePlex Hospital

Occupation

President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 14 / 2015

Transaction ID : 22693144

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr John Gaul

Mailing Address 8013 River Falls Dr

City

Potomac

State

MD

Zip Code

20854-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 14 / 2015

Transaction ID : 22693145

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Steve Julian MD

Mailing Address 2800 Godwin Boulevard

City
Suffolk

State
VA

Zip Code
23434-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Obici Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 14 / 2015

Transaction ID : 22693146

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Grace Myers

Mailing Address 2565 Level Loop Road

City

Virginia Beach

State

VA

Zip Code

23456-6702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Princess Anne Hospital

Occupation

VP, Patient Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 14 / 2015

Transaction ID : 22693147

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. H. Patrick Walters

Mailing Address 8323 Private Line

City

Annandale

State

VA

Zip Code

22304-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 14 / 2015

Transaction ID : 22693148

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. George Mikitarian Jr

Mailing Address 951 North Washington Avenue

City

Titusville

State

FL

Zip Code

32796-2163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parrish Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 15 / 2015

Transaction ID : 22695508

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Brian E Keeley

Mailing Address 6855 Red Road, Suite 600

City

Coral Gables

State

FL

Zip Code

33143-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health South Florida

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 15 / 2015

Transaction ID : 22695509

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr Daniel Hogan

Mailing Address 8423 SW Riverside Dr

City

Arcadia

State

FL

Zip Code

34269-7124

FEC ID number of contributing
federal political committee.

C

Name of Employer

DeSoto Memorial Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 15 / 2015

Transaction ID : 22695512

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Donald G Henderson FACHE

Mailing Address 1451 El Camino Real

City

The Villages

State

FL

Zip Code

32159-0041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Villages Regional Hospital, The

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : 22695514

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr H. William Lichtenberger

Mailing Address 508 NW Winters Creek Rd

City

Palm City

State

FL

Zip Code

34990-8096

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martin Health System

Occupation

Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : 22695528

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr James Mondello

Mailing Address 1204 NW Winters Creek Rd

City

Palm City

State

FL

Zip Code

34990-8086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martin Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : 22695530

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Mark Robatiale

Mailing Address 1107 NE Quinn PL

City State Zip Code
 Jensen Beach FL 34957-3732

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Martin Health System President/CEO

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : 22695532

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr John Loewenberg

Mailing Address 12777 Mariner Ct

City State Zip Code
 Palm City FL 34990-8034

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Martin Health System Trustee

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : 22695540

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Raymond Williams

Mailing Address 410 E. Osceola Ave

City State Zip Code
 Clewiston FL 33440-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Quorum Health Resources Chief Executive Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : 22695541

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Todd Forkel

Mailing Address 305 South State Street

City

Aberdeen

State

SD

Zip Code

57401-4527

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera St. Luke's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : 22696271

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David Kapaska DO

Mailing Address P O Box 5045

City

Sioux Falls

State

SD

Zip Code

57117-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera McKennan Hospital and University

Occupation

Regional President and Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : 22696275

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert Gomes FACHE

Mailing Address 1253 NW Canal Boulevard

City

Redmond

State

OR

Zip Code

97756-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Charles Redmond

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : 22700070

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 165
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dan Schuette

Mailing Address 1201 NE Elm Street

City

Prineville

State

OR

Zip Code

97754-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer Memorial Hospital

Occupation

Board Chairman

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : 22700071

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Manuel S Berman MHA

Mailing Address 335 SE Eighth Avenue

City

Hillsboro

State

OR

Zip Code

97123-4246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tuality Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : 22700072

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. David Kinyon

Mailing Address 1110 NW Hillside Dr

City

Grants Pass

State

OR

Zip Code

97526-1175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Three Rivers Medical Center

Occupation

Vice President of Operations and Outpa

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : 22700073

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Scott A Kelly

Mailing Address 2825 East Barnett Road

City

Medford

State

OR

Zip Code

97504-8332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Rogue Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 22 / 2015

Transaction ID : 22700074

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Peter A Hofstetter

Mailing Address 2700 SE Stratus Avenue

City

McMinnville

State

OR

Zip Code

97128-6255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Willamette Valley Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 22 / 2015

Transaction ID : 22700075

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Nancy Greer RN, BSN, M

Mailing Address 351 SW Ninth Street

City

Ontario

State

OR

Zip Code

97914-2639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Three Rivers Medical Center

Occupation

Vice President Nursing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 22 / 2015

Transaction ID : 22700203

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dennis E Burke

Mailing Address 610 NW 11th Street

City

Hermiston

State

OR

Zip Code

97838-6601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Good Shepherd Health Care System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : 22700204

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Cynthia M Grueber

Mailing Address 3181 SW Sam Jackson Park Road

City

Portland

State

OR

Zip Code

97239-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHSU Hospital

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : 22700205

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Tim StricklandMailing Address 975 Oak
Suite 610

City

Eugene

State

OR

Zip Code

97401-3152

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth Sacred Heart Medical Cente

Occupation

Director Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : 22700206

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Michael May MD

Mailing Address 2855 NW Glenwood Drive

City State Zip Code
Corvallis OR 97330-3137

FEC ID number of contributing federal political committee.

C

Name of Employer

Samaritan Health Services

Occupation

Vice President, Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 22 2015

Transaction ID : 22700207

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Harold S Geller

Mailing Address 2801 St Anthony Way

City State Zip Code
Pendleton OR 97801-3800

FEC ID number of contributing federal political committee.

C

Name of Employer

CHI St. Anthony Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 22 2015

Transaction ID : 22700208

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Douglas E Bentz

Mailing Address 100 Seneca Valley Est.

City State Zip Code
Sissonville WV 25320-9781

FEC ID number of contributing federal political committee.

C

Name of Employer

Roane General Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 18 2015

Transaction ID : 22700227

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Todd Campbell

Mailing Address 125 Water Side Circle

City State Zip Code
 Winfield WV 25213-9551

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Mary's Medical Center

Occupation

Sr. VP & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 18 2015

Transaction ID : 22700229

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Barbara Lay

Mailing Address 57 Hillside Bluffs Lane

City State Zip Code
 Buckeye WV 24924-9040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pocahontas Memorial Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 18 2015

Transaction ID : 22700230

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Angela Swearingen

Mailing Address 3788 Blue Sulphur Road

City State Zip Code
 Ona WV 25545-9760

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Mary's Medical Center

Occupation

VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 18 2015

Transaction ID : 22700231

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Sheils

Mailing Address 124 Brady Drive

City State Zip Code
 Barbourville WV 25504-2220

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Mary's Medical Center

Occupation

Foundation President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 18 2015

Transaction ID : 22700232

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Kevin N Fowler

Mailing Address 275 High Drive

City State Zip Code
 Huntington WV 25705-3527

FEC ID number of contributing federal political committee.

C

Name of Employer

Cabell Huntington Hospital

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 18 2015

Transaction ID : 22700233

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. David M Ward

Mailing Address 2330 Hickory Ridge Road

City State Zip Code
 Ashland KY 41101-3604

FEC ID number of contributing federal political committee.

C

Name of Employer

Cabell Huntington Hospital

Occupation

Sr. VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 18 2015

Transaction ID : 22700234

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David K McClure

Mailing Address 730 57th Street

City State Zip Code
Vienna WV 26105-3244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Camden Clark Medical Center

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 18 / 2015

Transaction ID : 22700235

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. T. Pinckney McIlwain MD

Mailing Address 15 South Gate Road

City State Zip Code
Charleston WV 25314-2368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charleston Area Medical Center

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 18 / 2015

Transaction ID : 22700236

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Neil R McLaughlin RN, BS, MB

Mailing Address 2585 Welltown School Road

City State Zip Code
Martinsburg WV 25403-5838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hampshire Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
09 / 18 / 2015

Transaction ID : 22700237

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1025.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 165
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mark A. Linville

Mailing Address 130 Oakridge Estates

City	State	Zip Code
Danville	WV	25053-8033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boone Memorial HospitalOccupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : 22700239

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul English Smith BA, JD, FA

Mailing Address 6 Guyan Oaks Drive

City	State	Zip Code
Huntington	WV	25705-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabell Huntington HospitalOccupation
VP General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : 22700240

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark Doak

Mailing Address Rt. 1, Box 180

City	State	Zip Code
Beverly	WV	26253-9753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davis Medical CenterOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : 22700242

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1025.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Anthony Alberico MD, FACS

Mailing Address 6 Nichols Drive

City

Barboursville

State

WV

Zip Code

25504-1814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cabell Huntington Hospital

Occupation

Section Chief of Neuroscience

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	18	/	2015

Transaction ID : 22700244

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Shirley A. Martin

Mailing Address 401 10th Street, #601

City

Huntington

State

WV

Zip Code

25701-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cabell Huntington Hospital

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	18	/	2015

Transaction ID : 22700245

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. John May

Mailing Address 7 Sun Bonnett Lane

City

Morgantown

State

WV

Zip Code

26508-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sistersville General Hospital

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	18	/	2015

Transaction ID : 22700250

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 165
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hoyt J Burdick MD

Mailing Address 251 High Drive

City	State	Zip Code
Huntington	WV	25705-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabell Huntington HospitalOccupation
VP & CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : 22700252

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Randall H Hodges FACHE

Mailing Address 126 Westland Estates

City	State	Zip Code
Winfield	WV	25213-9704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charleston Area Medical CenterOccupation
VP/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : 22700254

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Susan E. Andrews

Mailing Address 1401 Foucher Street

City	State	Zip Code
New Orleans	LA	70115-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Touro InfirmaryOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : 22700289

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Coletta Barrett RN, MHA

Mailing Address 5000 Hennessy Boulevard

City

Baton Rouge

State

LA

Zip Code

70808-4375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Our Lady of the Lake Regional Medical

Occupation

Vice President of Mission

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : 22700290

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Jennifer E. McMahon

Mailing Address 2450 Severn Avenue

City

Metairie

State

LA

Zip Code

70001-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metropolitan Hospital Council of New O

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : 22700291

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Charles D Daigle

Mailing Address 2600 Greenwood Road

City

Shreveport

State

LA

Zip Code

71103-3908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Willis-Knighton Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : 22700299

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

1375.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 165
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David L Callecod

Mailing Address 1214 Coolidge Boulevard

City

Lafayette

State

LA

Zip Code

70503-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lafayette General Health

Occupation

President and CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : 22700300

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Mr David Gaines

Mailing Address 1514 Jefferson Highway

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Health System

Occupation

CEO, System Retail Svcs & Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : 22700301

Amount of Each Receipt this Period

312.50

Full Name (Last, First, Middle Initial)

C. Mr. Wayne M Arboneaux

Mailing Address 135 Highway 402

City

Napoleonville

State

LA

Zip Code

70390-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assumption Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : 22700302

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

937.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Louis Champagne

Mailing Address P O Box 2511

City

Baton Rouge

State

LA

Zip Code

70821-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baton Rouge General Medical Center

Occupation

Director Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2015

Transaction ID : 22700303

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Bennett Cheramie

Mailing Address 8585 Picardy Avenue

City

Baton Rouge

State

LA

Zip Code

70809-3679

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baton Rouge General Medical Center

Occupation

Vice President Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2015

Transaction ID : 22700305

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Ms. Ginger Consigney

Mailing Address 1701 Oak Park Boulevard

City

Lake Charles

State

LA

Zip Code

70601-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Charles Memorial Hospital

Occupation

Vice President Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2015

Transaction ID : 22700306

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert Kenney M.D.

Mailing Address P O Box 2511

City

Baton Rouge

State

LA

Zip Code

70821-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baton Rouge General Medical Center

Occupation

Medical Director, Quality & Patient Sv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : 22700307

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr Leif Pederson

Mailing Address 1701 Oak Park Boulevard

City

Lake Charles

State

LA

Zip Code

70601-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Charles Memorial Hospital

Occupation

Sr. VP Philanthropy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : 22700308

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Ms. Janice Pellar

Mailing Address 8585 Picardy Avenue

City

Baton Rouge

State

LA

Zip Code

70809-3679

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baton Rouge General Medical Center

Occupation

Board of Trustees

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : 22700309

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Prehn

Mailing Address 617 Casey Drive

City

Mandeville

State

LA

Zip Code

70471-6713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Charles Memorial Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 18 / 2015

Transaction ID : 22700310

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Connelly

Mailing Address P O Box 912

City

Wolfeboro

State

NH

Zip Code

03894-0912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Huggins Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2015

Transaction ID : 22700385

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Michelle McEwen

Mailing Address 16 Hospital Road

City

Plymouth

State

NH

Zip Code

03264-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spere Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 18 / 2015

Transaction ID : 22700386

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1075.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard G. Korman

Mailing Address 3509 W 8th St.
Apt. 204

City State Zip Code
Sioux Falls SD 57108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Senior Vice President and General Coun

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

09 / 17 / 2015

Transaction ID : 22700396

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr Kenneth Bachenberg

Mailing Address 1905 East Lopez Court

City State Zip Code
Bellingham WA 98229-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth St. Joseph Medical Center

Occupation

Chief Medical Officer, Patient Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22700438

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Mark McCampbell

Mailing Address 14800 NE 12th Street

City State Zip Code
Vancouver WA 98684-3669

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

System Vice President, Philanthropy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22700439

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Maryanne Scott

Mailing Address 3323 Chandler Parkway

City

Bellingham

State

WA

Zip Code

98226-4186

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth St. Joseph Medical Center

Occupation

Medical Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22700440

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms Shawna M Unger

Mailing Address 4156 Deemer Rd
#202

City

Bellingham

State

WA

Zip Code

98226-6724

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth St. Joseph Medical Center

Occupation

Director, Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22700444

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Katie Holmes

Mailing Address 300 Elliott Avenue West, Suite 300

City

Seattle

State

WA

Zip Code

98119-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22700445

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Alex Jackson

Mailing Address P O Box 2555

City

Spokane

State

WA

Zip Code

99220-2555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Sacred Heart Medical Center

Occupation

Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22700446

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr Michael Metcalf

Mailing Address 3100 SE 168th Ave
Unit ZZ-287

City

Vancouver

State

WA

Zip Code

98683-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

President, PeaceHealth Medical Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22700447

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Lane A. Savitch

Mailing Address 5300 Tauman Avenue, NW

City

Seattle

State

WA

Zip Code

98107-3985

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kadlec Regional Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22700448

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Alan R. Yordy

Mailing Address 1115 SE 164th Avenue

City

Vancouver

State

WA

Zip Code

98683-9324

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

President and Chief Mission Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

Transaction ID : 22700449

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. James Aberle

Mailing Address 2811 Tieton Drive

City

Yakima

State

WA

Zip Code

98902-3799

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Vice President, Chief Operating Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

Transaction ID : 22701310

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Thomas Baranouskas

Mailing Address 2219 Riffle Dr

City

Leavenworth

State

WA

Zip Code

98826-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cascade Medical Center

Occupation

Commissioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

Transaction ID : 22701311

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Diane Blake

Mailing Address 817 Commercial Street

City

Leavenworth

State

WA

Zip Code

98826-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cascade Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701312

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Anne Napier Caffery

Mailing Address 2701 Tieton Drive

City

Yakima

State

WA

Zip Code

98902-3759

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Vice President, Communications & Devel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701313

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Ms Shelly Carter-Aase

Mailing Address 2808 West Upton

City

Spokane

State

WA

Zip Code

99205-1530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Sacred Heart Medical Center

Occupation

Regional Director, Operational Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701314

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Shawnie Haas

Mailing Address 6241 Lateral A Rd

City

Wapato

State

WA

Zip Code

98951-9304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Vice President, Executive Director Sig

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701316

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Neil Johnson RN, BA, BS

Mailing Address 25707 NE 67th Place

City

Redmond

State

WA

Zip Code

98053-2645

FEC ID number of contributing
federal political committee.

C

Name of Employer

EvergreenHealth

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701317

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. David Johnson

Mailing Address 2600 SW Holden Street

City

Seattle

State

WA

Zip Code

98126-3505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Navos

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701318

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 165
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Monty E Knittel

Mailing Address P O Box 1398

City

Walla Walla

State

WA

Zip Code

99362-0309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Walla Walla General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : 22701319

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael T Liepman

Mailing Address P O Box 1376

City

Mount Vernon

State

WA

Zip Code

98273-1376

FEC ID number of contributing
federal political committee.

C

Name of Employer

Skagit Valley Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : 22701320

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Bruce G Lisser

Mailing Address 1415 East Kincaid Street

City

Mount Vernon

State

WA

Zip Code

98274-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Skagit Valley Hospital

Occupation

Commissioner

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : 22701325

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)..... ►

775.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Scott O'Brien

Mailing Address 2628 West Westlover Rd

City

Spokane

State

WA

Zip Code

99208-5569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Sacred Heart Medical Center

Occupation

Chief Strategy Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701326

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kevin Sweeny

Mailing Address 6520 South Pittsburg St

City

Spokane

State

WA

Zip Code

99223-6766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701327

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Jeffrey Tomlin

Mailing Address 11808 86th Ave NE

City

Kirkland

State

WA

Zip Code

98034-6009

FEC ID number of contributing
federal political committee.

C

Name of Employer

EvergreenHealth

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701328

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Nancy L. Vorhees

Mailing Address 157 South Howard

City State Zip Code
 Spokane WA 99201-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St. Luke's Rehabilitation Institute

Occupation
 Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701329

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Gail Weaver

Mailing Address 4902 Webster Road

City State Zip Code
 Yakima WA 98908-2451

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Yakima Valley Memorial Hospital

Occupation
 Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701332

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Donald Wee

Mailing Address P O Box 189

City State Zip Code
 Clarkston WA 99403-0189

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tri-State Memorial Hospital

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701333

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kim Williams RN, MS, CE

Mailing Address 2815 Kayak View Pl

City

Camano Island

State

WA

Zip Code

98282-5022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Regional Medical Center Eve

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701334

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeff Yamada

Mailing Address 8803 ALpine Court

City

Yakima

State

WA

Zip Code

98908-1479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701335

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Connie Agenbroad

Mailing Address 315 North 14th Avenue

City

Othello

State

WA

Zip Code

99344-1254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Othello Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701359

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 165
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Renato V BaciarelliMailing Address 13215 SE Mill PLain Blvd
C8, 140

City	State	Zip Code
Vancouver	WA	98684-6991

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Senior Vice President, Operations Syst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : 22701360

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Gregg Agustin Davidson FACHE

Mailing Address P O Box 1376

City	State	Zip Code
Mount Vernon	WA	98273-1376

FEC ID number of contributing
federal political committee.

C

Name of Employer

Skagit Valley Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : 22701361

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr Dan Hein

Mailing Address 2759 Ridge Lane

City	State	Zip Code
West Linn	OR	97068-2982

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

System Vice President, Enterprise Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : 22701362

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Victoria King

Mailing Address 1421 NW 44th Ave

City State Zip Code
 Camas WA 98607-8509

FEC ID number of contributing federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Senior VP, Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : 22701363

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Glen Marshall

Mailing Address P O Box 6128
 P.O. Box 6128

City State Zip Code
 Kennewick WA 99336-0128

FEC ID number of contributing federal political committee.

C

Name of Employer

Trios Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : 22701364

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Julie Petersen

Mailing Address 723 Memorial Street

City State Zip Code
 Prosser WA 99350-1524

FEC ID number of contributing federal political committee.

C

Name of Employer

PMH Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : 22701365

Amount of Each Receipt this Period

1100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Peter Rutherford MD

Mailing Address P O Box 1887

City

Wenatchee

State

WA

Zip Code

98807-1887

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Washington Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701366

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Dale Zender

Mailing Address 2901 Squalicum Parkway

City

Bellingham

State

WA

Zip Code

98225-1898

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth St. Joseph Medical Center

Occupation

Regional Vice President Finance and Ch

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701367

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark S Nantz FACHE

Mailing Address One St Francis Drive

City

Greenville

State

SC

Zip Code

29601-3999

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours St. Francis Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 22 / 2015

Transaction ID : 22701385

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Saria Saccocio

Mailing Address 4 Amiata Way

City

Simpsonville

State

SC

Zip Code

29681-6633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours St. Francis Health System

Occupation

Chief Medical Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2		2	0	1	5		

Transaction ID : 22701390

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Patrick J Cawley MD

Mailing Address 169 Ashley Avenue

City

Charleston

State

SC

Zip Code

29425-5836

FEC ID number of contributing
federal political committee.

C

Name of Employer

MUSC Medical Center of Medical Unvers

Occupation

Chief Executive Officer and Vice Presi

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2		2	0	1	5		

Transaction ID : 22701392

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr Anton Gunn

Mailing Address 224 N. Ainsdale Dr

City

Charleston

State

SC

Zip Code

29414-7366

FEC ID number of contributing
federal political committee.

C

Name of Employer

MUSC Medical Center of Medical Unvers

Occupation

Chief Diversity Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2		2	0	1	5		

Transaction ID : 22701393

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Douglas Bowling

Mailing Address 2509 Watercrest Lane

City State Zip Code
 Johns Island SC 29455-3108

FEC ID number of contributing federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President of System Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 22 2015

Transaction ID : 22701411

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Allen P Carroll

Mailing Address 1338 Chrismill Lane

City State Zip Code
 Charleston SC 29429

FEC ID number of contributing federal political committee.

C

Name of Employer

Bon Secours St. Francis Xavier Hospita

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 22 2015

Transaction ID : 22701412

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark Dickson

Mailing Address 1572 Cypress Pt Dr

City State Zip Code
 Mt Pleasant SC 29466-8717

FEC ID number of contributing federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President Mission

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 22 2015

Transaction ID : 22701413

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Carolyn Viall Donohue MSN, RN

Mailing Address 1240 Appling Dr
 #306

City State Zip Code
 Mount Pleasant SC 29464-3696

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 22 2015

Transaction ID : 22701414

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Greg Edwards

Mailing Address 787 Shell Sand Cir

City State Zip Code
 Charleston SC 29412-4347

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Roper Hospital

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 22 2015

Transaction ID : 22701429

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. David L. Dunlap FACHE

Mailing Address 125 Doughty Street
 Suite 760

City State Zip Code
 Charleston SC 29403-5736

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Bon Secours St. Francis Xavier Hospita

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 22 2015

Transaction ID : 22701430

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bret Johnson

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours St. Francis Xavier Hospita

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

Transaction ID : 22701431

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Pennie Peralta BSN, MHA,

Mailing Address 2223 Hunter Creek Dr

City

Charleston

State

SC

Zip Code

29414-6705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours St. Francis Xavier Hospita

Occupation

VP, Nursing & Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

Transaction ID : 22701432

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Matthew J Severance FACHE

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

Transaction ID : 22701433

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 165
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Steven D Shapiro MD

Mailing Address 316 Calhoun Street

City State Zip Code
Charleston SC 29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : 22701509

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms Tavia Buck

Mailing Address 1513 Red Drum Rd

City State Zip Code
Mt Pleasant SC 29466-8729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : 22701510

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Ms. Melanie Stith CHHR

Mailing Address 316 Calhoun Street

City State Zip Code
Charleston SC 29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : 22701511

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Patrick Charmel

Mailing Address 130 Division Street

City
DerbyState
CTZip Code
06418-1326FEC ID number of contributing
federal political committee.

C

Name of Employer

Griffin Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

Transaction ID : 22701713

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Steve Hess

Mailing Address 2500 Rocky Mountain Avenue

City
LovelandState
COZip Code
80538-9004FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Hospital

Occupation

Vice President Information Services an

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

Transaction ID : 22701715

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Morre Dean

Mailing Address 9395 Crown Crest Boulevard

City
ParkerState
COZip Code
80138-8573FEC ID number of contributing
federal political committee.

C

Name of Employer

Porter Adventist Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

Transaction ID : 22701716

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. William Neff MD

Mailing Address 2315 East Harmony Road, Suite 200

City State Zip Code
 Fort Collins CO 80528-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Poudre Valley Hospital

Occupation
 Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 22 / 2015

Transaction ID : 22701725

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Chad R. Austin

Mailing Address 6518 SW 26th Court

City State Zip Code
 Topeka KS 66614-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kansas Hospital Association

Occupation
 Sr. Vice President, Government Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701742

Amount of Each Receipt this Period

76.92

Full Name (Last, First, Middle Initial)

C. Ms. Joy Bretz

Mailing Address 790 S Road 148E

City State Zip Code
 Hoxie KS 67740-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Sheridan County Health Complex

Occupation
 Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

09 / 21 / 2015

Transaction ID : 22701743

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Craig Concannon

Mailing Address 921 N. Mill

City
BeloitState
KSZip Code
67420-1751FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

Transaction ID : 22701744

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Dennis A Hachenberg FACHE

Mailing Address 105 N. Oak St.

City
GarnettState
KSZip Code
66032-0309FEC ID number of contributing
federal political committee.

C

Name of Employer

Anderson County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

Transaction ID : 22701749

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Curtis R Hawkinson

Mailing Address 708 North 18th Street

City
MarysvilleState
KSZip Code
66508-1338FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Memorial Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

Transaction ID : 22701751

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John L Jacobson

Mailing Address 3955 Highway 73

City State Zip Code
Atchison KS 66002-9204

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Atchison Hospital Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 21 2015

Transaction ID : 22701756

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ms. Genette Nicholas

Mailing Address 1001 West 58th Street

City State Zip Code
Kansas City MO 64113-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Children's Mercy Kansas City Vice President Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 21 2015

Transaction ID : 22701759

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr. Steven B. Poage

Mailing Address 3401 SW Alameda

City State Zip Code
Topeka KS 66614-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Kansas Hospital Association Vice President/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 21 2015

Transaction ID : 22701762

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard G Hilton

Mailing Address P O Box 1506

City
Starkville

State
MS

Zip Code
39760-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer

OCH Regional Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 18 / 2015

Transaction ID : 22703891

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Morris A Reece

Mailing Address 1314 19th Avenue

City
Meridian

State
MS

Zip Code
39301-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rush Foundation Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2015

Transaction ID : 22703904

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Wallace Strickland

Mailing Address 1314 19th Avenue

City
Meridian

State
MS

Zip Code
39301-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rush Health Systems

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2015

Transaction ID : 22703908

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kathleen A. Bonser

Mailing Address 40 Whittington Court

City

Saint Charles

State

MO

Zip Code

63303-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer

SSM DePaul Health Center

Occupation

Vice President Nursing/CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : 22704593

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeffrey A JohnstonMailing Address 615 South New Ballas Road
Apt. 304

City

Saint Louis

State

MO

Zip Code

63141-8221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital St. Louis

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : 22704607

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mr. Gary W. Pulsipher

Mailing Address 100 Mercy Way

City

Joplin

State

MO

Zip Code

64804-4524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Joplin

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : 22704614

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 85 OF 165
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael A. Baumgartner

Mailing Address 1018 Forest Street

City

Maryville

State

MO

Zip Code

64468-3810

FEC ID number of contributing
federal political committee.

C

Name of Employer

SSM Health St. Francis Hospital - Mary

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : 22704623

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

B. Mr. Gerard J. Grimaldi

Mailing Address 12206 Washington Court

City

Kansas City

State

MO

Zip Code

64145-1761

FEC ID number of contributing
federal political committee.

C

Name of Employer

Truman Medical Centers

Occupation

VP, Health Policy & Government Relatio

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : 22704627

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

C. Dr. Eric Dickson MD

Mailing Address 1 Biotech Park

City

Worcester

State

MA

Zip Code

01605-2982

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMass Memorial Health Care, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : 22704629

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

1435.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David DeSimone BA, JD, CP

Mailing Address 2105 Castleton Court

City

Allenwood

State

NJ

Zip Code

08720-7018

FEC ID number of contributing
federal political committee.

C

Name of Employer

CentraState Healthcare System

Occupation

Vice President and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	4		2	0	1	5		

Transaction ID : 22704636

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

B. Ms. Elizabeth Sheridan

Mailing Address 1505 West Sherman Avenue

City

Vineland

State

NJ

Zip Code

08360-6912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inspira Health Network

Occupation

Chief Operating Officer and Chief Nurs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	4		2	0	1	5		

Transaction ID : 22704645

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	8		2	0	1	5		

Transaction ID : 22704661

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

559.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Neil Eicher

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Deputy Director, Government Relations

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

214.50

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : 22704662

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Mr. Michael Guerriero

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

310.05

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : 22704664

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

C. Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

309.35

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : 22704665

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

19.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City

Malvern

State

PA

Zip Code

19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

425.10

Date of Receipt

09 / 18 / 2015

Transaction ID : 22704670

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Mr. Roger D. Sarao Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

214.50

Date of Receipt

09 / 18 / 2015

Transaction ID : 22704676

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

C. Mr. John Slotman

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

405.59

Date of Receipt

09 / 18 / 2015

Transaction ID : 22704677

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

19.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John K Lloyd

Mailing Address 11 Mohwak Avenue

City

Oceanport

State

NJ

Zip Code

07757-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meridian Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

09 / 25 / 2015

Transaction ID : 22704689

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

B. Ms. Debbie Howe

Mailing Address 3701 East Main Street

City

Weatherford

State

OK

Zip Code

73096-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Weatherford Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 16 / 2015

Transaction ID : 22704700

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Sandra C Podley

Mailing Address P O Box 26666

City

Albuquerque

State

NM

Zip Code

87125-6666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2015

Transaction ID : 22704715

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William D. Patten Jr.

Mailing Address 1397 Weimer Road

City

State

Zip Code

Taos

NM

87571-6253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Holy Cross Hospital

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

09 / 14 / 2015

Transaction ID : 22704716

Amount of Each Receipt this Period

306.00

Full Name (Last, First, Middle Initial)

B. Mr. Doyle Boykin RN, MSN

Mailing Address P O Box 26666

City

State

Zip Code

Albuquerque

NM

87125-6666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Presbyterian Kaseman Hospital

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2015

Transaction ID : 22704725

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Carolyn Green

Mailing Address 5504 Territorial Rd NW

City

State

Zip Code

Albuquerque

NM

87120-2943

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Presbyterian Hospital

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2015

Transaction ID : 22704726

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

806.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Andrew Patterson

Mailing Address 80 Highland Street

City	State	Zip Code
Laconia	NH	03246-3235

FEC ID number of contributing federal political committee.

C

Name of Employer

LRGHealthcare

Occupation

Director, Contracting & Corp. Complian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : 22704996

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Henry D Lipman

Mailing Address 80 Highland Street

City	State	Zip Code
Laconia	NH	03246-3235

FEC ID number of contributing federal political committee.

C

Name of Employer

Lakes Region General Hospital

Occupation

Senior Vice President, Financial Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : 22704997

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Ms. Kathy A. Bizarro FACHE

Mailing Address 544 Upper Straw Rd

City	State	Zip Code
Hopkinton	NH	03229-2023

FEC ID number of contributing federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : 22705309

Amount of Each Receipt this Period

22.75

SUBTOTAL of Receipts This Page (optional)..... ►

1522.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	8		2	0	1	5		

Transaction ID : 22705328

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

B. Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	8		2	0	1	5		

Transaction ID : 22705344

Amount of Each Receipt this Period

16.70

Full Name (Last, First, Middle Initial)

C. Dr. Gerald Goldstein M.D.

Mailing Address 909 Eastgate Court

City

Lavale

State

MD

Zip Code

21502-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Maryland Regional Medical Cent

Occupation

Senior Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	5		2	0	1	5		

Transaction ID : 22705744

Amount of Each Receipt this Period

340.00

SUBTOTAL of Receipts This Page (optional)..... ►

402.20

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Leslie Simmons RN, FACHE

Mailing Address 3896 Old Hanover Road

City

Westminster

State

MD

Zip Code

21158-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carroll Hospital Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	5

Transaction ID : 22705750

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Ms. Nicole Stallings

Mailing Address 5600 Olde Covington Ct.

City

Glen Allen

State

VA

Zip Code

23059-5697

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	5

Transaction ID : 22705751

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

C. Ms. Victoria Bayless

Mailing Address 1203 Marianaview Drive

City

Arnold

State

MD

Zip Code

21012-1885

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anne Arundel Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	5

Transaction ID : 22705753

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ►

765.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Timothy R. Hearn

Mailing Address 400 Symphony Circle, Unit 525

City State Zip Code
 Cockeysville MD 21030-2057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheppard Pratt Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

09 / 25 / 2015

Transaction ID : 22705757

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

B. Mr. Eric R Wagner

Mailing Address 711 East Timber Branch Parkway

City State Zip Code
 Alexandria VA 22302-3619

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Health

Occupation

EVP, External Affairs and Diversified

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

09 / 25 / 2015

Transaction ID : 22705766

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

C. Mr. Don Calcagno

Mailing Address 2025 Windsor Drive

City State Zip Code
 Oak Brook IL 60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Director, Health Information Svcs.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22705769

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1520.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin P Poorten

Mailing Address P O Box 707

City
DekalbState
ILZip Code
60115-0707FEC ID number of contributing
federal political committee.

C

Name of Employer

Kish Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : 22705773

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Ms. Maureen A Kahn RN, MHA, M

Mailing Address P O Box 7005

City
QuincyState
ILZip Code
62305-7005FEC ID number of contributing
federal political committee.

C

Name of Employer

Blessing Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : 22705774

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott Powder

Mailing Address 1775 Dempster

City
Park RidgeState
ILZip Code
60068-1143FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Lutheran General Hospital

Occupation

SVP, Strategic Planning & Growth

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : 22705775

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert G Senneff FACHE

Mailing Address 210 West Walnut Street

City

Canton

State

IL

Zip Code

61520-2497

FEC ID number of contributing
federal political committee.

C

Name of Employer

Graham Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

Transaction ID : 22705776

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. David L Bernd

Mailing Address 6015 Poplar Hall Drive

City

Norfolk

State

VA

Zip Code

23502-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

Transaction ID : 22731753

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Anthony Burchard

Mailing Address 6115 Beech Tree Drive

City

Alexandria

State

VA

Zip Code

22310-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Health System

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

Transaction ID : 22731755

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Sean Connaughton

Mailing Address P O Box 31394

City State Zip Code
 Richmond VA 23294-1394

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hospital & Healthcare Associa

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : 22731756

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen Cumbie

Mailing Address 837 Mackall Drive

City State Zip Code
 McLean VA 22101-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation
Manager & Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : 22731757

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Christopher Davis

Mailing Address 1521 West Ave

City State Zip Code
 Richmond VA 23220-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hospital & Healthcare Associa

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : 22731758

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Fick

Mailing Address PO Box 7567

City

Fredericksburg

State

VA

Zip Code

22404-7567

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Washington Healthcare

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22731759

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. John L Fitzgerald

Mailing Address 3600 Joseph Siewick Drive

City

Fairfax

State

VA

Zip Code

22033-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Fair Oaks Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22731760

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Eric Fletcher

Mailing Address 11208 Knolls End

City

Spotsylvania

State

VA

Zip Code

22551-8920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Washington Healthcare

Occupation

Senior VP Marketing and Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22734736

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Shirley Holland

Mailing Address 161 Lila Lane

City Boones Mill State VA Zip Code 24065-3749

FEC ID number of contributing federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Vice President/Strategic Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22734737

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. James Juillerat

Mailing Address PO Box 66551

City Virginia Beach State VA Zip Code 23466-6551

FEC ID number of contributing federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

VP/Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22734738

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Natalie Kaszubowski

Mailing Address 300 East 40th Street

City Norfolk State VA Zip Code 23504-1010

FEC ID number of contributing federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22734739

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Charles McDaniel

Mailing Address 101 Caroline St

City

Fredericksburg

State

VA

Zip Code

22401-6103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Washington Healthcare

Occupation

President and CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22734740

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Dr. John Niederhuber MD

Mailing Address 7905 Sandalfoot Drive

City

Potomac

State

MD

Zip Code

20854-5449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Health System

Occupation

CEO, Inova Translational Medicine Inst

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22734741

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael Spine

Mailing Address 8580 Magellan Parkway

City

Richmond

State

VA

Zip Code

23227-1149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours-Richmond Community Hospita

Occupation

Senior Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22734742

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Phyllis Stoneburner

Mailing Address 4544 Miarfield Circle

City

Chesapeake

State

VA

Zip Code

23321-4262

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Obici Hospital

Occupation

Vice President, Patient Care Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : 22734743

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Briggs W Andrews

Mailing Address P O Box 13727

City

Roanoke

State

VA

Zip Code

24036-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Senior Vice President and General Coun

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : 22734770

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Jeanne Armentrout

Mailing Address 8310 Cardington Drive

City

Roanoke

State

VA

Zip Code

24019-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

SVP/Human Resources

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : 22734771

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Amy Black RN, MSN

Mailing Address 1386 Tattersall Ct

City

Keswick

State

VA

Zip Code

22947-9169

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martha Jefferson Hospital

Occupation

Chief Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22734772

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary L Blunt

Mailing Address 801 Hidden Harbor Ct.

City

Chesapeake

State

VA

Zip Code

23322-7076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

Corporate Vice President and Administr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22734773

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Dr. John Burton M.D.

Mailing Address P.O. Box 13367

City

Roanoke

State

VA

Zip Code

24033-3367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Roanoke Community Hospital

Occupation

Chair of Emergency Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22734774

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Susan Carroll

Mailing Address 4320 Seminary Road

City

Alexandria

State

VA

Zip Code

22304-1535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Alexandria Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : 22734780

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Ronald Cottrell

Mailing Address 3304 Healthcote Lane

City

Keswick

State

VA

Zip Code

22947-9163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martha Jefferson Hospital

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : 22734781

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Jonathan S Davis FACHE

Mailing Address 500 Martha Jefferson Drive

City

Charlottesville

State

VA

Zip Code

22911-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martha Jefferson Hospital

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : 22734783

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Lester R Eljaiek

Mailing Address 1201 Althea Ct

City

Chesapeake

State

VA

Zip Code

23322-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

Vice President Hospital Finance

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : 22734784

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms Tina Ervin

Mailing Address 5614 Heritage Hills Circle

City

Fredericksburg

State

VA

Zip Code

22407-0105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medicorp Health System

Occupation

Exec. Director Bus. Development

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : 22734848

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr John Gaul

Mailing Address 8013 River Falls Dr

City

Potomac

State

MD

Zip Code

20854-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Senior Vice President & General Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : 22734849

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Donald Hayes

Mailing Address 524 Suber Dr

City

Virginia Beach

State

VA

Zip Code

23452-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Director of Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : 22734850

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms Lora Herman

Mailing Address 2800 Godwin Boulevard

City

Suffolk

State

VA

Zip Code

23434-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Obici Hospital

Occupation

VP Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : 22734851

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. William D Jacobsen

Mailing Address 180 Floyd Avenue

City

Rocky Mount

State

VA

Zip Code

24151-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Franklin Memorial Hospital

Occupation

Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : 22734852

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael P Jeremiah MD

Mailing Address 2317 Stallion Circle

City

Roanoke

State

VA

Zip Code

24018-6119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Chair, Dept. of Family and Community M

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : 22734958

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael King

Mailing Address 10600 Hunting Shire Lane

City

Fairfax Station

State

VA

Zip Code

22039-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Northern Virginia Medical Cent

Occupation

Chief Financial Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : 22734959

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Donna Littlepage

Mailing Address PO Box 25

City

Roanoke

State

VA

Zip Code

24002-0025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Vice President, Finance

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : 22734960

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Christopher Rumpf

Mailing Address 274 Thwaite Lane

City

Winchester

State

VA

Zip Code

22603-3960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Health System

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22734961

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. James Santry

Mailing Address 803 Park Ave

City

Herndon

State

VA

Zip Code

20170-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Senior Vice President Business Develop

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22734962

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Mr. Gary L Scott

Mailing Address 4656 Afton Lane

City

Roanoke

State

VA

Zip Code

24012-8700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22734969

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Marion Swaim

Mailing Address 2432 Laurel Cove

City

Virginia Beach

State

VA

Zip Code

23454-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President, Health Information Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22734971

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr Travis Turner

Mailing Address 3 Newington Ct

City

Fredericksburg

State

VA

Zip Code

22405-2163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Washington Healthcare

Occupation

Vice President, Clinical Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 29 / 2015

Transaction ID : 22734972

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Matt Balla

Mailing Address 8400 S. Fairfax Road

City

Bloomington

State

IN

Zip Code

47401-9043

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent Dunn Hospital

Occupation

CEO/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735106

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Barry

Mailing Address 8320 S. Pondview Drive

City

State

Zip Code

Star City

IN

46985-9102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pulaski Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735107

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jay Baumgartner

Mailing Address 111 Woodlawn Dr.

City

State

Zip Code

Warsaw

IN

46580-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Otis R. Bowen Center for Human Service

Occupation

Chief Financial Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735109

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James Bickel

Mailing Address 5060 Somerset Lane

City

State

Zip Code

Columbus

IN

47201-3129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbus Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735110

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Vincent C Caponi

Mailing Address 8166 Darnley Court

City

Indianapolis

State

IN

Zip Code

46260-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent Health

Occupation

Executive Board Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735113

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Pamela Cassara

Mailing Address 165 N. Canal Street
#1114

City

Chicago

State

IL

Zip Code

60606-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Franciscan Alliance

Occupation

Director of Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735114

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Albert Gutierrez

Mailing Address 5215 Holy Cross Parkway

City

Mishawaka

State

IN

Zip Code

46545-1469

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Joseph Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735119

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1250.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Brian Ring

Mailing Address 1111 Fox Hollow Road

City	State	Zip Code
New Castle	IN	47362-8949

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry County HospitalOccupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : 22735133

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marlene Weatherwax

Mailing Address 6906 S. Five Points Road

City	State	Zip Code
Indianapolis	IN	46259-9754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus Regional HospitalOccupation
Vice President and CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : 22735139

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Linda E White

Mailing Address 5505 Timberlake Court

City	State	Zip Code
Evansville	IN	47710-4134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Health SystemOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : 22735140

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael E. Bowers

Mailing Address 1289 Lay Road

City	State	Zip Code
Saint Louis	MO	63124-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer
SSM Health St. Joseph Hospital - St. COccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : 22735309

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Ms. Lisle Wescott

Mailing Address 2633 Tysons Parkway

City	State	Zip Code
O Fallon	MO	63368-7610

FEC ID number of contributing
federal political committee.

C

Name of Employer
SSM St. Joseph Hospital - Lake St. LouOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : 22735321

Amount of Each Receipt this Period

270.00

Full Name (Last, First, Middle Initial)

C. Ms. Laurie Brown RN, MN

Mailing Address 5204 Ridge Drive NE

City	State	Zip Code
Tacoma	WA	98422-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Francis Hospital

Occupation
Senior Vice President, CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : 22735369

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

745.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Tom Jensen

Mailing Address 915 Anderson Drive

City

Aberdeen

State

WA

Zip Code

98520-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grays Harbor Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735370

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Mr. Eric P. Jensen

Mailing Address P O Box 646

City

Monroe

State

WA

Zip Code

98272-0646

FEC ID number of contributing
federal political committee.

C

Name of Employer

EvergreenHealth Monroe

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735371

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Edward Miles

Mailing Address 7907 Bachelorview Dr

City

Yakima

State

WA

Zip Code

98903-9498

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Vice President of Integration and Busi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735372

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Lawrence Neville

Mailing Address 3525 NE 2th Avenue

City

Portland

State

OR

Zip Code

97212

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth Southwest Medical Center

Occupation

Vice President and Medical Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : 22735373

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Kerry Radcliffe

Mailing Address 532 31st Avenue South

City

Seattle

State

WA

Zip Code

98144-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Deputy General Counsel, Legal Dept.

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : 22735374

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Stuart Hennessey

Mailing Address 1615 Delaware Street

City

Longview

State

WA

Zip Code

98632-2367

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Senior Vice President Legal Services a

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : 22735375

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kirk Raboin

Mailing Address P O Box 3002

City

Longview

State

WA

Zip Code

98632-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth St. John Medical Center

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : 22735376

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Nancy Steiger RN, FACHE

Mailing Address 2901 Squalicum Parkway

City

Bellingham

State

WA

Zip Code

98225-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth St. Joseph Medical Center

Occupation

Chief Executive Officer and Chief Miss

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : 22735377

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Ms. Carol Aaron

Mailing Address 2534 NE Regents

City

Portland

State

OR

Zip Code

97212-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Senior Vice President, Culture & Peopl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : 22735390

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 116 OF 165

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eric Lewis

Mailing Address 939 Caroline Street

City

Port Angeles

State

WA

Zip Code

98362-3909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Olympic Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735423

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Don McMillan

Mailing Address P O Box 10905

City

Eugene

State

OR

Zip Code

97440-0905

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth Sacred Heart Medical Cente

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735424

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Thomas Moser

Mailing Address 1979 N. Nicolette Ave

City

Clovis

State

CA

Zip Code

93619-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth Southwest Medical Center

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735425

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Vikki Noyes

Mailing Address 4309 Anna Lane

City

Wenatchee

State

WA

Zip Code

98801-9034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Confluence Health

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735426

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms Joanne Roberts MD

Mailing Address 1321 Colby Avenue

City

Everett

State

WA

Zip Code

98206-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Regional Medical Center Eve

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735427

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Ms. Mary Elizabeth O'Brien

Mailing Address 17006 NE 30th Avenue

City

Ridgefield

State

WA

Zip Code

98642-8028

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2015

Transaction ID : 22735428

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Gwenevere Josey PHR

Mailing Address 9505 Williamsburg Plz

City

Louisville

State

KY

Zip Code

40222-5082

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedar Lake

Occupation

Director of HR Strategic Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 14 / 2015

Transaction ID : 22804546

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totalling \$25.00 This changes the YTD Total to \$50.00

Full Name (Last, First, Middle Initial)

B. Ms. Melinda Reid Hatton

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2015

Transaction ID : PR1045726235720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. David Schulke

Mailing Address 155 N. Wacker Dr.

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2015

Transaction ID : PR1057462135720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.88

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sarah B. Macchiarola

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1082532735720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Barbara Jellen

Mailing Address 206 N Royal St

City

Alexandria

State

VA

Zip Code

22314-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1113464235720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Lisa Allen

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1118928235720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

80.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 120 OF 165
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dale A Kirby

Mailing Address P O Box 331

City	State	Zip Code
Colusa	CA	95932-0331

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1125892335720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Mary Meadows

Mailing Address 155 North Wacker Drive

City	State	Zip Code
Chicago	IL	60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1260472935720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Jack A. Mackay

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1347703635720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

142.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Susan Gergely MBA

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1347791035720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Heather Drevna

Mailing Address 3205 Ravensworth PL

City

Alexandria

State

VA

Zip Code

22302-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Advocacy and Member Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1348169735720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Sharon Allen

Mailing Address 155 N. Wacker

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Executive Director, Business Se

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1474886235720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Colucci

Mailing Address 1061 N Penny Ln

City

Palatine

State

IL

Zip Code

60067-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

National Director Sponsorship and Unde

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

Transaction ID : PR1475133735720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Fannie D. Wade

Mailing Address 7706 Heartwood Lane

City

Upper Marlboro

State

MD

Zip Code

20772-4323

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

Transaction ID : PR1476385735720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

c. Ms. Monica D DayMailing Address 4301 Telfair Blvd
B219

City

Suitland

State

MD

Zip Code

20746-4297

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

Transaction ID : PR1516850635720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

92.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Elisa Arespacochaga

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1555656235720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Kathy Poole

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1589439935720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Kimberly Baker

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Travel Meeting Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1590809135720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

80.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Hrickiewicz

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Editor Health Facilities Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0			2	0	1	5	

Transaction ID : PR1625366835720

Amount of Each Receipt this Period

36.86

P/R Deduction (\$18.43 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Bob Kehoe

Mailing Address 155 North Wacker Drive, Suite 400

City

Chicago

State

IL

Zip Code

60606-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0			2	0	1	5	

Transaction ID : PR1625368335720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Bill Ladewski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Membership Associate, Center for Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0			2	0	1	5	

Transaction ID : PR1625369135720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 125 OF 165

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Joan M. M Ryzner

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Education Program Manager, HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2015

Transaction ID : PR1625587835720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Monique Showalter

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Marketing AHA Solutions, Inc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2015

Transaction ID : PR1625602235720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Stephen Hines

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2015

Transaction ID : PR1648726635720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Erik Rasmussen

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1819487935720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Aimee Kuhlman

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Fed. Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1877582335720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Shari Dexter

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Political Action

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1878189835720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 127 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Beverly Hancock

Mailing Address 155 N. Wacker Dr.

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Dir Educational Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1913189335720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Joanna KimMailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1913190535720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Evelyn KnolleMailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy -TR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1913190735720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

92.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Juanita Myrick

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Employee Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.50

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1913192535720

Amount of Each Receipt this Period

27.00

P/R Deduction (\$13.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Jennifer Schleman

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Media Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1913194035720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Chantal Worzala

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1913196435720

Amount of Each Receipt this Period

36.86

P/R Deduction (\$18.43 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

102.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 129 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Janet Henderson

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

659.56

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1937843135720

Amount of Each Receipt this Period

97.28

P/R Deduction (\$48.64 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Diane JonesMailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1943461535720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Stacey Chappell

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Senior Communications Specialist, Advo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR1963876235720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

162.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Kristina Weger

Mailing Address 800 10th Street NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.95

Date of Receipt

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : PR2058887035720

Amount of Each Receipt this Period

45.46

P/R Deduction (\$22.73 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr Travis E Robey

Mailing Address 800 10th Street NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.95

Date of Receipt

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : PR2060308235720

Amount of Each Receipt this Period

45.46

P/R Deduction (\$22.73 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr Damareus Barbour

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Workforce Center Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.16

Date of Receipt

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : PR2060632935720

Amount of Each Receipt this Period

36.86

P/R Deduction (\$18.43 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

127.78

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 131 OF 165

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2015

Transaction ID : PR327771635720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.56

Date of Receipt

09 / 30 / 2015

Transaction ID : PR32777235720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2015

Transaction ID : PR32777835720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

192.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 132 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Neil Jesuele

Mailing Address 155 N Wacker Dr

City	State	Zip Code
Chicago	IL	60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

Transaction ID : PR327801735720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Pamela Austin Thompson MS, RN, FAMailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City	State	Zip Code
Washington	DC	20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

AHA Senior Vice President, CEO America

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

Transaction ID : PR327812035720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City	State	Zip Code
Arlington	VA	22205-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

Transaction ID : PR327831735720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

153.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Seklecki

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR327858035720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. John F. Barry

Mailing Address One North Franklin

City

Millis

State

MA

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR327877835720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. George F. Bergstrom

Mailing Address 130 North Garland Court

#3002

City

Chicago

State

IL

Zip Code

60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR327895735720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Eileen M. Collins Offner

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR327906135720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Thomas J. Bonner FACHE

Mailing Address P.O. Box 679010

City

Austin

State

TX

Zip Code

78767-9010

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR327983735720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Richard J. Umbdenstock

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR328132835720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

180.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 135 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR328223835720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR328241435720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR328260935720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2015

Transaction ID : PR328511835720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2015

Transaction ID : PR328512035720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. George Arges

Mailing Address One North Franklin St.

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director, Health Data Managemen

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

09 / 30 / 2015

Transaction ID : PR328641135720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

192.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 137 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Anthony S Burke

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHA Solutions, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR328913335720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR329013435720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Dr. John R. Combes

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR329071335720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

192.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 138 OF 165

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Robyn L. Bash

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR329084435720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. W. Thomas Deweese

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7525

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR329215735720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. John Evans

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : PR329342635720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 139 OF 165

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR330343335720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR330411635720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Maureen D. MudronMailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR330465235720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

142.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2015

Transaction ID : PR330475435720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Gene O'Dell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

09 / 30 / 2015

Transaction ID : PR330547735720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2015

Transaction ID : PR330549235720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

192.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 141 OF 165
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR331098335720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Debi H. Tucker Esq.

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Director, State Issues Forum

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR331278835720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Operations - APP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR331304235720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

153.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Jo Ann K Webb MHA, RN

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Senior Director of Federal Relations a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2015

Transaction ID : PR331379135720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Judy Weinsheimer

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2015

Transaction ID : PR331386935720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Dale L Woodin CHFM, FASH

Mailing Address 155 North Wacker Drive, Suite 400

City

Chicago

State

IL

Zip Code

60606-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association

Occupation

Senior Executive Director Infrastructu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2015

Transaction ID : PR331481335720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Megan Cundari

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

Transaction ID : PR518031935720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Laura M. Werner

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

Transaction ID : PR560101535720

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

Transaction ID : PR766023735720

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

192.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 OF 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rochelle M. Archuleta

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	1	5		

Transaction ID : PR801366335720

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26.94

122571.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 145 OF 165

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. AZHHA Political Action Committee (Federal)Mailing Address 2901 North Central Avenue
Suite 900City State Zip Code
Phoenix AZ 85012FEC ID number of contributing
federal political committee.**C** C00217687

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Transaction ID : 22688380

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Wisconsin Hospital Association Federal PACMailing Address 5510 Research Park Drive
PO Box 259038City State Zip Code
Madison WI 53725-9038FEC ID number of contributing
federal political committee.**C** C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : 22700389

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Montana Hospital Association PAC - Federal Fund

Mailing Address P.O. Box 5119

City State Zip Code
Helena MT 59604-5119FEC ID number of contributing
federal political committee.**C** C00238782

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : 22703842

Amount of Each Receipt this Period

9800.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 146 OF 165

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City	State	Zip Code
Austin	TX	78761-5587

FEC ID number of contributing
federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : 22705000

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25000.00

40150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 147 OF 165
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1648.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : 22734882

Amount of Each Receipt this Period

225.09

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

225.09

TOTAL This Period (last page this line number only)..... ►

225.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 148 OF 165

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City	State	Zip Code
Milwaukee	WI	53203

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2015

Transaction ID : 22736532

Amount of Each Disbursement this Period

111.02

Merchant Fees

Full Name (Last, First, Middle Initial)

B. PaymentechMailing Address 14221 Dallas Parkway
Building Two

City	State	Zip Code
Dallas	TX	75254

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2015

Transaction ID : 22736533

Amount of Each Disbursement this Period

32.95

Merchant Fees

Full Name (Last, First, Middle Initial)

C. PaymentechMailing Address 14221 Dallas Parkway
Building Two

City	State	Zip Code
Dallas	TX	75254

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2015

Transaction ID : 22736534

Amount of Each Disbursement this Period

28.50

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

172.47

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 149 OF 165

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 08 2015
Transaction ID : 22736535

Amount of Each Disbursement this Period

16.25

Merchant Fees

Full Name (Last, First, Middle Initial)

B. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bank Fee

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 15 2015
Transaction ID : 22736536

Amount of Each Disbursement this Period

168.27

Bank Fee

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

184.52

TOTAL This Period (last page this line number only)..... ►

356.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 150 OF 165

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Brad Ashford For Congress

Mailing Address PO Box 24023

City Omaha	State NE	Zip Code 68124
---------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Brad Ashford

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	---

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Transaction ID : 22687331

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens For BoyleMailing Address 499 S. Capitol St. Sw
Suite 422

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Brendan F Boyle

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	---

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Transaction ID : 22687333

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dold For Congress

Mailing Address PO Box 6312

City Libertyville	State IL	Zip Code 60048
----------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bob James Dold Jr.

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	---

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Transaction ID : 22687334

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 151 OF 165

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement
Contribution

Candidate Name

Rep. Renee Ellmers RNOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Transaction ID : 22687336

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. CBC PAC: Congressional Black Caucus PAC

Mailing Address 509 C Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
2015 Contribution

Candidate Name

CBC PAC: Congressional Black Caucus PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Transaction ID : 22687338

Amount of Each Disbursement this Period

1000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Karen Bass For CongressMailing Address 777 S. Figueroa Street
Suite 4050

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement
Contribution

Candidate Name

Rep. Karen BassOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 37

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Transaction ID : 22687341

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 152 OF 165

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bilirakis For Congress

Mailing Address PO Box 606

City	State	Zip Code
Tarpon Springs	FL	34688

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gus M. BilirakisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Transaction ID : 22687343

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Corrine Brown

Mailing Address PO Box 40087

City	State	Zip Code
Jacksonville	FL	32203

Purpose of Disbursement
Contribution

Candidate Name

Rep. Corrine BrownOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Transaction ID : 22687344

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City	State	Zip Code
Sarasota	FL	34230

Purpose of Disbursement
Contribution

Candidate Name

Rep. Vern BuchananOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Transaction ID : 22687346

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa	State FL	Zip Code 33606
---------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kathy CastorOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Transaction ID : 22687348

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Frederica S. Wilson For CongressMailing Address 19821 Nw 2nd Avenue
Box 354

City Miami Gardens	State FL	Zip Code 33169
-----------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frederica S. WilsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Transaction ID : 22687351

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pat Roberts For U.S. Senate, Inc.

Mailing Address PO Box 433

City Great Bend	State KS	Zip Code 67530
--------------------	-------------	-------------------

Purpose of Disbursement
2020 Contribution

Candidate Name

Sen. Pat RobertsOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Transaction ID : 22687353

Amount of Each Disbursement this Period

1500.00

2020 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Brenda Lawrence For Congress

Mailing Address PO Box 3060

City	State	Zip Code
Southfield	MI	48037

Purpose of Disbursement
Contribution

Candidate Name

Rep. Brenda LawrenceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2015

Transaction ID : 22687356

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Grace For New York

Mailing Address PO Box 656555

City	State	Zip Code
Fresh Meadows	NY	11365

Purpose of Disbursement
Contribution

Candidate Name

Rep. Grace MengOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2015

Transaction ID : 22687358

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City	State	Zip Code
Sarasota	FL	34230

Purpose of Disbursement
Contribution

Candidate Name

Rep. Vern BuchananOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2015

Transaction ID : 22691368

Amount of Each Disbursement this Period

4000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Walters For Congress

Mailing Address C/O 8001 Irvine Center Drive, #400

City Irvine	State CA	Zip Code 92618
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Mimi WaltersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : 22691370

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Georgians For Isakson

Mailing Address Post Office Box 250116

City Atlanta	State GA	Zip Code 30325
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Sen. Johnny IsaksonOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : 22691371

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Georgians For Isakson

Mailing Address Post Office Box 250116

City Atlanta	State GA	Zip Code 30325
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Sen. Johnny IsaksonOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : 22691372

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Susan BrooksMailing Address 9425 N Meridian Street
237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement
Contribution

Candidate Name

Rep. Susan BrooksOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : 22691373

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Donald Norcross For Congress

Mailing Address PO Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement
Contribution

Candidate Name

Rep. Donald NorcrossOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : 22691374

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Contribution

Candidate Name

Sen. Chuck E. GrassleyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : 22695446

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Grassley Committee Inc

Mailing Address PO Box 1000

City	State	Zip Code
Des Moines	IA	50304

Purpose of Disbursement
Contribution

Candidate Name

Sen. Chuck E. Grassley

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IA District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : 22695447

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Clarke For Congress

Mailing Address 111-36 200th. Street

City	State	Zip Code
Hollis	NY	11412

Purpose of Disbursement
Contribution

Candidate Name

Rep. Yvette D. Clarke

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 09

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : 22695448

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Loeb sack For Congress

Mailing Address PO Box 3013

City	State	Zip Code
Iowa City	IA	52244

Purpose of Disbursement
Contribution

Candidate Name

Rep. David Wayne Loeb sack

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IA District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : 22695449

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City	State	Zip Code
Weston	FL	33326

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Debbie Wasserman-SchultzCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : 22695450

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hawkeye PAC

Mailing Address P.O.Box 7255

City	State	Zip Code
Des Moines	IA	50309

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Hawkeye PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : 22695451

Amount of Each Disbursement this Period

5000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Blumenauer For Congress

Mailing Address 232 Ne 9th

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Earl BlumenauerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : 22695452

Amount of Each Disbursement this Period

1250.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contribution

Candidate Name

Sen. Pat Toomey

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : 22695453

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bill Shuster For Congress

Mailing Address PO Box 27

City	State	Zip Code
Hollidaysburg	PA	16648

Purpose of Disbursement
Contribution

Candidate Name

Rep. William Franklin Shuster

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : 22695454

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address Pob 100

City	State	Zip Code
Teaneck	NJ	07666

Purpose of Disbursement
Contribution

Candidate Name

Rep. William J. Pascrell Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : 22701609

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Marino For Congress

Mailing Address PO Box 653

City
WilliamsportState
PAZip Code
17703Purpose of Disbursement
Contribution

Candidate Name

Rep. Tom MarinoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : 22701610

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Paul Tonko For CongressMailing Address 911 Central Avenue
221City
AlbanyState
NYZip Code
12206Purpose of Disbursement
Contribution

Candidate Name

Rep. Paul David TonkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : 22701611

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tim Walz For U.S. Congress

Mailing Address PO Box 938

City
MankatoState
MNZip Code
56002Purpose of Disbursement
Contribution

Candidate Name

Rep. Timothy J. WalzOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : 22701612

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Frederica S. Wilson For CongressMailing Address 19821 Nw 2nd Avenue
Box 354

City Miami Gardens State FL Zip Code 33169

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frederica S. WilsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : 22701620

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Darren Soto For CongressMailing Address 338 N Magnolia Avenue
Suite D

City Orlando State FL Zip Code 32801

Purpose of Disbursement
Contribution

Candidate Name

Darren SotoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : 22701621

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Nita Lowey For Congress

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement
Contribution

Candidate Name

Rep. Nita M. LoweyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : 22701622

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James E. ClyburnCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : 22701623

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Lisa Murkowski For U.S. Senate

Mailing Address PO Box 100847

City	State	Zip Code
Anchorage	AK	99510

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Lisa MurkowskiCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : 22731711

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Lisa Murkowski For U.S. Senate

Mailing Address PO Box 100847

City	State	Zip Code
Anchorage	AK	99510

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Lisa MurkowskiCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : 22731712

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike Bost For Congress Committee

Mailing Address PO Box 1212

City	State	Zip Code
Murphysboro	IL	62966

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike BostOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : 22731713

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. People For Derek Kilmer

Mailing Address PO Box 1381

City	State	Zip Code
Tacoma	WA	98402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Derek KilmerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : 22731714

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Henry Hank JohnsonMailing Address 4153 Flat Shoals Parkway
Suite 322, Building C, 2nd Floor

City	State	Zip Code
Decatur	GA	30034

Purpose of Disbursement
Contribution

Candidate Name

Rep. Hank C. Johnson Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : 22731718

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

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**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Levin For Congress

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sandy M. Levin

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : 22731719

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Matsui For Congress

Mailing Address PO Box 1738

City	State	Zip Code
Sacramento	CA	95812

Purpose of Disbursement
Contribution

Candidate Name

Rep. Doris Matsui

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : 22731720

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Walberg For Congress

Mailing Address PO Box 1362

City	State	Zip Code
Jackson	MI	49204

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tim Walberg

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : 22731721

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Julia Brownley For Congress

Mailing Address PO Box 2018

City	State	Zip Code
Thousand Oaks	CA	91358

Purpose of Disbursement
Contribution

Candidate Name

Rep. Julia Brownley

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : 22731722

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Marc Veasey Congressional Campaign Committee

Mailing Address PO Box 50084

City	State	Zip Code
Fort Worth	TX	76105

Purpose of Disbursement
Contribution

Candidate Name

Rep. Marc Veasey

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : 22731723

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Donovan For Congress

Mailing Address 440 Leverett Avenue

City	State	Zip Code
Staten Island	NY	10308

Purpose of Disbursement
Contribution

Candidate Name

Rep. Daniel M. Donovan Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : 22731724

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

87750.00
